

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09839969

FILING DATE
04-20-01
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11	1						61					
12		1					62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17	1						67					
18		1					68					
19	1						69					
20	1						70					
21	1						71					
22	1						72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28	1						78					
29		1					79					
30	1						80					
31	1						81					
32	1						82					
33	1						83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39	1						89					
40		1					90					
41	1						91					
42	1						92					
43	1						93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	15						TOTAL IND.					
TOTAL DEP.	18						TOTAL DEP.					
TOTAL CLAIMS	33						TOTAL CLAIMS					

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